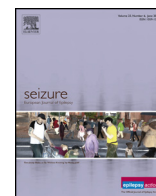




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Letter to the editor

Psychogenic non-epileptic events: Does the truth lie at the tip of the tongue?*Keywords:*

Diagnosis

Injury

Psychogenic non-epileptic event

Dear Sir,

We read with extreme interest the study of Dr. Asadi-Pooya and colleagues.¹ In this study the authors assessed all patients with psychogenic non-epileptic events (PNEE) attending Shiraz University of Medical Sciences, from 2008 through 2013, to determine the spectrum of reported ictal injuries and to investigate the possible risk factors. Two hundred and eleven patients were included, and 30.8% reported injuries with one or more of their episodes. The most common type of injury was tongue biting; lacerations, bruises, limb fractures, dental injury, and burn were also reported. Authors concluded that, despite the “shibboleth” (!) that physical injuries rarely occur in PNEE, both mild and severe injuries are commonly reported in these patients.

As far as we can understand, in this study physical injuries were not objectively documented, but only reported by patients. If so, this study shows that, unless an objective documentation of physical injuries by means of video-EEG recording, pictures or medical documentation, there is a subset of patients with PNEE who are more likely to report physical injuries. Regarding this aspect, the clinical utility of the model proposed by the Authors to differentiate between PNEE patients who experience ictal injury and PNEE patients who did not experience ictal injury, seems debatable. Especially if, as in the present study, physical injuries were not objectively demonstrated, but only reported by patient.

As Authors state, the diagnosis of epileptic seizure or PNEE requires careful integration of history, ictal signs and other clinical and investigational information, and should never be driven by

any single finding alone,^{2,3} neither objectively demonstrated nor reported by the patient (also because patients with PNEE or with epilepsy may be unreliable in reporting their symptoms). Doubt should guide the physicians, “Dubito ergo sum” should be their motto. Science is a persevering search for negative, falsifying instances.⁴ And diagnostic truth never lies at the tip of the tongue.

Conflict of interest

None.

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